

REPORTS INVENTORY						CONTROL NO. DDS/OF-115	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Key Employee List of Official Home Area-to-Work Transportation During Snow Emergencies						2. TYPE OF REPORT	
						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		<input checked="" type="checkbox"/> SECURITY			
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) as required for updating				6. DISTRIBUTION (No. of components not number of copies) 2	
7. FORMAT (memorandum, form computer print-out, etc.) Memorandum		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT DD/S Admin. Instruction 69-3	
		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report)  OF/SS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-06	\$ 3.74		3/4		\$ 2.81		2 est. \$ 5.62
GS-13	9.94		1/4		2.49		2 est. 4.98
GS-15	12.84		1/4		3.21		2 est. 6.42
			1 1/4		\$ 8.51		\$ 17.02
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$ 17.02	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Listing required by DD/S to be current at all times in order to provide emergency coverage of Office during weather emergencies.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS	
						<input checked="" type="checkbox"/> OTHER (explain) to be determined by DDS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	